ROSTER OF CANDIDATES ELIGIBLE FOR CERTIFICATION TESTING

Office of the Arizona State Fire Marshal

INSTRUCTIONS:

PLEASE PRINT OR TYPE
PROGRAM SPONSOR*:

The purpose of this form is to notify the Office of the Arizona State Fire Marshal (OSFM) of the names of candidates eligible for certification testing. This certification exam roster must be submitted with the *Request for Certification Testing*. Certification tests will not be scheduled until the completed roster is submitted. Candidates not listed on this roster will not be permitted to test.

OSFM PROGRAM NUMBER:		DATE SUBMITTED:	
*Program sponsor is the department or college that con	ducted the certification pr	rogram.	
CANDIDATE NAME	EIN#	DEPARTMENT	AFFILIATION (if any)
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CANDIDATE NAME	EIN#	DEPARTMENT
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